

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/889324

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	1						51	1			
2	1						52				
3	12						53				
4	21						54				
5	10						55				
6	01						56				
7	10						57				
8	01						58				
9	10						59				
10	01						60				
11	10						61				
12	01						62				
13	10						63				
14	01						64				
15	10						65				
16	01						66				
17	10						67				
18	01						68				
19	10						69				
20	01						70				
21	01						71				
22	01						72				
23	10						73				
24	01						74				
25	10						75				
26	01						76				
27	10						77				
28	01						78				
29	10						79				
30	01						80				
31	10						81				
32	01						82				
33	10						83				
34	01						84				
35	10						85				
36	01						86				
37	10						87				
38	01						88				
39	10						89				
40	01						90				
41	10						91				
42	01						92				
43	10						93				
44	01						94				
45	10						95				
46	01						96				
47	10						97				
48	01						98				
49	10						99				
50							100				
TOTAL IND.	1		↓		↓		TOTAL IND.	2		↓	
TOTAL DEP.			↔		↔		TOTAL DEP.	44		↔	
TOTAL CLAIMS							TOTAL CLAIMS	51			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS